



JOHN A. WAGNER
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



ARNOLD SCHWARZENEGGER
GOVERNOR

July 2, 2009

Mr. Lawrence Howell, Executive Director
Rite of Passage Silver State Academy
100 Rosaschi Rd.
Yerington, NV 89447

SUBJECT: ANNUAL CERTIFICATION RENEWAL

Dear Mr. Howell:

Pursuant to California Family Code, Section 7911 et al., this is official notification that Rite of Passage, Silver State Academy certification by the California Department of Social Services is continued through July 2010.

Certification will be reviewed annually. The Out-of-State Certification Unit (OSCU) will be honoring the Department's policy of having inspection authority to make visits with or without appointment.

If you have any questions regarding this matter, please feel free to contact me, Olaniyan Akyeem at (916) 838-5875

Sincerely,

OLANIYAN AKYEEM
Out-of-State Certification Analyst

c: Rosalind Hyde, Manager and Deputy Compact Administrator, Out-of-State Placement Policy Unit

FACILITY EVALUATION REPORT

| | | | |
|-----------------------|---|-------------------------|------------|
| FACILITY NAME: | SILVER STATE ACADEMY | FACILITY NUMBER: | 602300001 |
| ADMINISTRATOR: | LAWRENCE HOWELL | FACILITY TYPE: | 731 |
| ADDRESS: | 100 ROSASCHI ROAD | TELEPHONE: | 7754635111 |
| CITY: | YERINGTON | STATE: | NV |
| CAPACITY: | 225 | ZIP CODE: | 89447 |
| TYPE OF VISIT: | Case Management | CENSUS: | 194 |
| MET WITH: | Christopher Ellison, Director of Student Services | UNANNOUNCED | |
| | | DATE: | 06/30/2009 |
| | | TIME BEGAN: | 12:15 PM |
| | | TIME COMPLETED: | 05:00 PM |

NARRATIVE

1 PURPOSE OF VISIT:
2
3 As mandated by California law, the purpose of this annual re-certification evaluation by the California
4 Department of Social Services (CDSS) to verify the facility continues to:
5 • Have adequate and appropriate resources to provide safe, suitable 24-hour residential care, supervision
6 and treatment services to youth/clients in care.
7 • Remain in substantial compliance with California licensing standards and regulations as well as
8 remaining licensed and in good standing with the licensing authorities within their own state of
9 geographical location.
10
11 CALIFORNIA PLACING AGENCIES:
12
13 ROP / SSA is currently contracted for services with the following 13 California county placing agencies
14 ranging from the northern to southern areas of the state: Alameda, Imperial, Los Angeles, Sacramento, San
15 Bernardino, Santa Clara, Sonoma, San Luis Obispo, San Francisco, San Joaquin, Marin, Stanislaus, and
16 Kern. During the time of visit, there were a total of 73 California youth in placement.
17
18 FACILITY, PHYSICAL PLANT AND PROGRAM REVIEW CHANGES:
19
20 A tour of the campus was conducted. Special attention was given to the Concerns Units. Inspection
21 revealed no issues of concern and appears to be operating under compliance at this time.
22
23 ROP has not had and significant changes within the programs general structure since last year. However, a
24 new policy for handing medical request has recently been implemented to address previous concerns of lost
25 and/or mishandling of medical request. (See LIC 809 C continued)

SUPERVISOR'S NAME: Mei Yuk Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Olaniyan Akyeem**TELEPHONE:** (916) 838-5875**LICENSING EVALUATOR SIGNATURE:****DATE:** 06/30/2009

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 06/30/2009

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 8745 FOLSOM BLVD., #130
SACRAMENTO, CA 95826**FACILITY NAME:** SILVER STATE ACADEMY**FACILITY NUMBER:** 602300001**VISIT DATE:** 06/30/2009**NARRATIVE**1 (LIC 809 C continued)
23 OUT-OF-STATE CERTIFICATION FINDINGS, VIOLATIONS AND PLAN OF CORRECTIONS:
45 No deficiencies noted.
67 CERTIFICATION DECISION: Re-certification Approved
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32**SUPERVISOR'S NAME:** Mei Yuk Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Olaniyan Akyeem**TELEPHONE:** (916) 838-5875**LICENSING EVALUATOR SIGNATURE:****DATE:** 06/30/2009**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 06/30/2009

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** SILVER STATE ACADEMY**FACILITY NUMBER:** 602300001**VISIT DATE:** 06/30/2009**NARRATIVE**

- 1 (LIC 809 C continued)
2 Students now take the initiative / responsibility to drop off their own individual request in a drop box for
3 medical reviews. Medics will make rounds three times a day to ensure every request gets a review as
4 student's are called up for appointments.
5
6 FIRE CLEARANCE:
7
8 The most recent fire clearance was conducted on March 30, 2009 by the ABC Fire and Cylinder Service of
9 Nevada. Inspection revealed only minor deficiencies which have since been addressed. No major violations
10 found.
11
12 LOCAL STATE LICENSING / COMPLAINT(S) ISSUES:
13
14 ROP/SSA is currently operating at full licensing capacity according to the Tribal Licensing Agency. The last
15 annual evaluation was March of 2008. The 2009 annual evaluation is scheduled for July 2009. *(The Tribe is*
16 *currently behind schedule for 2009 annual review.)*
17
18 ROP has had one substantiated allegations since last year involving a student personal rights as result of an
19 inappropriate action taken by staff. The staff involved has since been terminated. A Plan of Correction (POC)
20 to address this issues has been received and approved by the Tribal Licensing Agency.
21
22 CLIENT(S) AND PERSONAL RIGHTS REVIEW:
23
24 Interviews of students revealed having no issues with their personal rights.
25
26 SCOPE OF CERTIFICATION REVIEW:
27
28 Certification review covered the following areas: Programming; intake and discharge procedures; discipline
29 policy; emergency intervention techniques; medical procedures and records review; facility file review; staff
30 interviews; observation of program and daily activities; criminal record review; personal rights; food services;
31 staff trainings; emergency disaster plan; fire clearance; and all issues pertaining to physical plant.
32 (See LIC 809 C continued)

SUPERVISOR'S NAME: Mei Yuk Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Olaniyan Akyeem**TELEPHONE:** (916) 838-5875**LICENSING EVALUATOR SIGNATURE:****DATE:** 06/30/2009**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 06/30/2009